

Housing Opportunities for Persons With AIDS : HOPWA Program Operations and Application Manual

*Commonwealth of Virginia Federal Fiscal
Year 2001 and 2002*

BACKGROUND

The Housing Opportunities for Persons With AIDS (HOPWA) program was authorized by the National Affordable Housing Act, approved on November 28, 1990, to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS and related diseases. Funds are appropriated annually by Congress to the U.S. Department of Housing and Urban Development (HUD) for administration of this program. HOPWA funds are then awarded by formula to eligible States and Metropolitan Statistical Areas (MSAs) that meet the minimum number of cumulative AIDS cases. Federal regulations governing this program may be found in the Federal Register at 24 CFR Parts 500 to 699. (See appendix for more information.)

TARGET POPULATION

A person eligible for assistance under HOPWA is one who is diagnosed with AIDS (acquired immunodeficiency syndrome) or tested to be seropositive for HIV and is a low-income individual, (defined as 80 percent of area median income in 24 CFR Section 574.3) and the person's family.¹

¹ A *family* is defined as two or more related persons or one or more eligible persons living with another person or persons who are determined to be important to their care or well-being. Surviving member(s) of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death are also eligible for limited assistance.

Eligibility of clients assisted with HOPWA must be determined by¹:

1. Obtaining signed applications containing all of the information needed to determine eligibility, income level and sources, and rent burden;
2. Obtaining third party verifications or documentation of expected income, assets, unusual medical expenses, and other pertinent information.

Information on the HIV status of a client is confidential and must be maintained in a manner that guarantees confidentiality, as required by law. Assistance may be targeted to give higher priority to persons with greater needs, for example, eligible persons who are homeless. Any person with HIV or AIDS, regardless of income, may receive housing information services and participate in a community residence's outreach and educational activities.

APPLYING FOR HOPWA FUNDS

ELIGIBLE APPLICANTS

Eligible applicants for the HOPWA program are nonprofit organizations and governmental housing agencies, including local government housing agencies, public housing authorities and governmental health and human service agencies that provide assistance for residential programs, such as transitional drug and/or alcohol abuse treatment and counseling, or institutional care, including sub acute care and inpatient treatment.²

ELIGIBLE ACTIVITIES

The Housing Opportunities for Persons With AIDS (HOPWA) program was authorized by the National Affordable Housing Act, approved on November 28, 1990, to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS and related diseases. Funds are appropriated annually by Congress to the U.S. Department of Housing and Urban Development (HUD) for housing, housing information services, resource identification, and technical assistance in establishing and operating a community residence.

¹ Each project sponsor is required to develop a *HOPWA Application Form* to be used in determining whether persons are eligible for assistance. At a minimum, the form must request income information and AIDS diagnosis information. Those clients receiving housing assistance will be required to provide written verification of income and documentation verifying the person has AIDS or a related disease. Program eligibility for clients receiving supportive services not associated with housing assistance can be determined without verification on the basis of the client's statement as certified on the application.

² A *nonprofit organization* is one that is organized under State or local laws; has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual; has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system.

Tenant-based rental assistance

means assistance given to a tenant who chooses their own site, such as, a scattered site unit.

Project-based rental assistance

means rental assistance provided to the owners of existing structures, where the owner agrees to lease the subsidized units to participants.

Short term rent, mortgage and utility payments

means payments made to prevent homelessness of a tenant or mortgagor. Short-term assistance may not accrue over a period of 21 weeks in a 52 week period.

Operating costs

means the costs associated with housing including the maintenance, security, operation, utilities, furnishings, equipment, supplies, and other incidental costs.

Housing information services

means services such as counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing.

Resource identification

means to establish, coordinate and develop housing assistance resources for eligible persons.

Supportive services

*include the following: outreach with referrals, other mobile efforts or professional staff; housing search assistance and placement, mental health counseling, peer support groups, assessment/intake of clients by teams of qualified professionals; alcohol and other drug abuse counseling/treatment, crisis intervention, case management or advocacy in obtaining benefits; assistance with daily living and intensive care when needed, transportation, child care, parenting skills, and education, personal care/clothing, food and furnishings; and job training with job placements or employment in a project. **NOTE: Appropriate supportive services may be provided as part of any HOPWA-assisted housing.***

Administrative costs

*costs are those costs associated with general management, oversight, coordination, evaluation, and reporting on eligible activities. **UP TO 7% OF THE GRANT AWARD IS ALLOWABLE.** Costs include accounting for the uses of grant funds, preparing reports for submission, audits, and similar costs related to administering the grant after award. The cost of staff which carry out direct assistance to clients, such as counseling, services, housing maintenance, and technical assistance are costs of **that activity** and **are not** considered administrative costs. For further information, see 24 CFR Parts 574.300, 574.310, 574.320, 574.330, and 574.340.*

PROHIBITED ACTIVITIES

Pursuant to HUD guidance, health-care costs such as therapies, services and pharmaceuticals will not be funded under the program. HOPWA funds may not be used for HIV/AIDS education or prevention initiatives or to supplant, or replace, existing funds for services currently available to the target population.

FUNDS AVAILABLE

The Virginia Department of Housing and Community Development (DHCD) will award funds for the federal fiscal years 2001 **AND** 2002. Funds in the amount of \$555,000 for the federal fiscal year 2001 HOPWA allocation and \$614,000 for the federal fiscal year 2002 HOPWA allocation, totaling \$1,169,000. Regional funding targets have been established using the following formula:

- Eighty percent (80%) based on the cumulative number of HIV and AIDS cases, excluding deceased cases, reported as of December 31, 2001 to the Virginia Department of Health by localities within each region; and
- Twenty percent (20%) based on each region's percentage of the state's geographic area in square miles.

REGIONAL FUNDING TARGETS

For Federal Fiscal Year 2001

REGION	LOCALITIES WITHIN REGION	ALLOCATION FFY 2001	ALLOCATION FFY 2002
SOUTHWEST REGION	Lee, Scott, Wise, Norton, Dickenson, Lynchburg, Russell, Washington, Smyth, Tazewell, Bland, Wythe, Grayson, Galax, Carroll, Patrick, Henry, Martinsville, Pittsylvania, Danville, Campbell, Craig, Roanoke, Roanoke City, Salem, Botetourt, Alleghany, Clifton Forge, Covington, Radford, Floyd, Pulaski, Bristol, Buchanan, Amherst, Appomattox, Montgomery, Franklin County, Giles, Bedford City, Bedford County, Halifax	\$266,438	\$294,762
NORTHWEST REGION	Bath, Rockbridge, Lexington, Buena Vista, Highland, Augusta, Albemarle, Nelson, Fluvanna, Charlottesville, Louisa, Orange, Greene, Madison, Rockingham, Harrisonburg, Shenandoah, Page, Rappahannock, Caroline, Staunton, Winchester, Waynesboro, Frederick	\$132,412	\$146,489
EASTERN REGION	Southampton, Franklin City, Sussex, Surry	\$18,823	\$20,824
SOUTH CENTRAL REGION	Amelia, Mecklenburg, Brunswick, Greenville, Emporia, Lunenburg, Charlotte, Prince Edward, Nottoway, Buckingham, Cumberland	\$85,966	\$95,104
EASTERN SHORE REGION	Northampton and Accomack counties	\$25,870	\$28,201
MIDDLE PENINSULA REGION	Middlesex, Lancaster, Westmoreland, Richmond County, Essex, King & Queen, King William, Northumberland,	\$25,491	\$28,201

An applicant's request for the entire HOPWA allocation is supportable only if the applicant intends to provide multiple program activities in all localities within the region. Applications proposing to serve a portion of the service area should consider requests representing a pro-rata portion of funds available.

FUNDS PRIORITIES

The Housing Opportunities for Persons With AIDS (HOPWA) program is a resource designated to provide an organized response to the various housing needs faced by individuals and families living with HIV/AIDS. To that end, applications for funding should contain a program design with a strong housing focus, including the adoption of the following Performance Goals contained in *Exhibit II Program Plan* of the Application:

- 1. Increase housing assistance, information and referral to low-income persons living with HIV/AIDS and their families in the service area.**
- 2. Enable persons living with HIV/AIDS to achieve housing stability.**
- 3. Encourage collaborative relationships in the administration of the HOPWA program.**
- 4. Enable persons living with HIV/AIDS to access health-care and supportive services.**

To promote the use of HOPWA funds for housing-related activities and in anticipation of a U.S. Department of Housing and Urban Development (HUD) program directive, no more than 40% of a Regional Funding Target may be used for supportive services activities.

HOPWA CONTRACT TERM & OPERATING YEAR

HOPWA allocations are made by the U.S. Department of Housing and Urban Development to DHCD annually. At the discretion of the project sponsor, organizations should expend program funds within a twelve month period following contract execution. Funds not expended during the program year may be carried over at the discretion of DHCD. A project sponsor may commence incurring program-eligible costs upon full execution of a HOPWA Subgrant Agreement with DHCD in accordance with the approved program budget contained in the funding application.

COORDINATED APPLICATION SUBMISSION

A coordinated application submission is a joint application in which two or more organizations, or prospective project sponsors, serve different parts of the same HOPWA region or where each organization provides different services within the region. When applicable, DHCD encourages interested applicant organizations from a region to coordinate their HOPWA proposals in order to ensure region wide service coverage. A coordinated application should designate a Lead Agency responsible for overseeing regional administration of HOPWA funds, including serving as fiscal agent. Under this arrangement, the Lead Agency, while under contract with the Department, would be expected to execute subcontracts with other organizations in the region.

COMPETITIVE EVALUATION

MAXIMUM SCORE- 100 POINTS

In the event two or more organizations apply for funds to provide similar services in the same service area, exclusive of a coordinated application submission, and each is found to meet the *Eligible Applicant Criteria*, applications will be ranked competitively according to the following criteria:

- Administrative capacity of the applicant to administer HOPWA funds in a responsive and efficient manner; (20 Points)
- Relevant experience delivering services to the HIV/AIDS community, operating a rental subsidy program and/or delivering supportive services to special needs populations; (10 Points)
- Documentation of the critical unmet needs of potential consumers in the proposed service area and knowledge of the service area's social service and housing characteristics; (10 Points)
- Degree to which the applicant's plan addresses the described needs and characteristics; (10 Points)
- Applicant proposes at least one relevant and reasonable Outcome Measure for each of the four Program Goals; (10 Points)
- Adequacy of outreach plan to the HIV/AIDS community in consideration of the size of the proposed service area and other local resources; (10 Points)
- Evidence of the inclusion of input from the HIV/AIDS community and coordination with other local resources available to the population; (10 Points)
- Degree to which the proposed budget is reasonable and cost-effective in consideration of the proposed activities and number of individuals and families to be assisted; (20 Points)

DHCD reserves the right to negotiate funding requests among applicants to achieve diversity among providers and services and to promote equal access to housing-related services by persons living with HIV/AIDS in all localities within each region. An additional request for HOPWA applications may be issued should an insufficient number of qualified applications be received.

APPLICATION INSTRUCTIONS & DEADLINE

Applications must be submitted on 8.5 x 11 paper with a font no smaller than twelve point type.

Application sections must be identified with tabs and pages numbered.

Please submit *one original and two unbound copies* of your application

NO LATER THAN

5:00 p.m. on Monday, August 5, 2002

at the offices of the:

Virginia Department of Housing and Community Development
The Jackson Center
501 North Second Street
Richmond, Virginia 23219-1321
Attention: Cheryl L. Branch.

NO FACSIMILES WILL BE ACCEPTED.

Questions or requests for additional information regarding the HOPWA Program and this application, should be directed to:

Cheryl L. Branch
Program Administrator
(804) 225-3129

or via e-mail at:

“cbranch@dhcd.state.va.us.”

Personal consultations may be scheduled at an applicant's request. Application information will not be provided which may constitute an unfair advantage in the event of competitive application submissions.

HOPWA PROCEDURES & PROJECT SPONSOR'S REQUIREMENTS AND EXPECTATIONS

CERTIFICATIONS

Following notice of a HOPWA award and prior to undertaking HOPWA services within a unit of general local government, the Project Sponsor must obtain the following:

- ***Certification of Local Approval***

Certification of Local Approval describes the activities to be made available through the HOPWA program (i.e. tenant-based rental assistance, emergency rent, mortgage and utility assistance, etc.) and confirms the local government's knowledge and approval of federally-funded activities in its jurisdiction. A Chief Administrative Officer must sign the document (i.e. City Manager or County Administrator) for each locality to be served. . A completed Certification of Local Approval must be obtained for each city or county within its HOPWA-approved service area.

- ***Certification of Consistency with the Consolidated Plan***

Project Sponsors not included in the *Commonwealth of Virginia's Consolidated Plan* must obtain a Consolidated Plan certification from the applicable State or local government official responsible for submitting the appropriate Plan. States and units of general local government are required to certify both that the project is consistent with the Plan, but also that they are following their currently approved Consolidated Plan.

ACCESS TO SUPPORTIVE SERVICES

Project sponsors assisting HOPWA-eligible households must ensure that these households have access to qualified service providers in the area for appropriate supportive services. Project sponsors may provide these supportive services directly to the household or verify the availability and provision of supportive services to the household through another qualified service provider.

REQUIREMENTS FOR ACQUISITION, REHABILITATION, OR NEW CONSTRUCTION ACTIVITIES UNDERTAKEN WITH HOPWA FUNDS

Applicants who propose to use HOPWA grant funds for acquisition, rehabilitation, or new construction projects at a minimum will be required to:

- gain site control,
- comply with environmental review requirements
- execute a Deed of Trust

The Deed of Trust must guarantee that the facility will be used to provide housing or assistance to persons with AIDS or related diseases for the following periods of time:

- not less than 10 years for projects involving acquisition, new construction, or substantial rehabilitation; or
- not less than 3 years for projects involving non-substantial rehabilitation or repair of a building or structure.

No HOPWA-related costs can be incurred until an environmental review has been completed by the responsible entity. An environmental review and Section 8 Housing Quality Standards (HQS) inspection is also required for properties using funds for leasing or operating costs.

REQUIREMENTS FOR ADMINISTERING TENANT-BASED RENTAL ASSISTANCE

All housing units to be assisted with HOPWA tenant or project-based rental assistance must be inspected for adherence with U.S. Department of Housing and Urban Development Housing Quality Standards (HQS). Project Sponsors proposing administration of tenant or project-based rental assistance must include a plan for conducting HQS inspections by qualified staff or subcontractors. This requirement does not apply to units in which a tenant receives an emergency rent, mortgage and utility payment through the HOPWA program.

PROGRAMMATIC AND FISCAL REPORTING

All HOPWA project sponsors will be asked to complete a *Quarterly Performance Report* with program beneficiary data and program expenditures in order to comply with the U.S. Department of Housing and Urban Development's Integrated Disbursement and Information System (IDIS). In addition, Project sponsors will be asked to submit an *Annual Progress Report* for the HOPWA Program to DHCD no later than 90 days after the end of the program year. **Failure to comply with reporting requirements may result in the suspension of HOPWA funding.**

DISBURSEMENT OF GRANT FUNDS

Grant awards will be disbursed on a reimbursement basis. At the preference of the project sponsor, reimbursement requests may be filed with DHCD on a monthly or quarterly schedule. With all requests for funds, Project Sponsors must submit the following to DHCD:

- A completed *Request for Disbursement* form.
- Documentation of program expenditures.
- A completed *Integrated Disbursement & Information System (IDIS) Expenditure Summary Report*.
- A quarterly report (along with request if requests are on a quarterly basis; or along with every fourth request if requests are on a monthly basis.)

Project sponsors are eligible for a working capital advance equal to thirty-days cash needs. The project sponsor will then be reimbursed for the amount of actual cash disbursement for the preceding month. If a project sponsor requests a working capital advance, it must base the request on a realistic, firm estimate of the amount required to be disbursed over the thirty-day period in payment of eligible activity costs. Working capital advances may be used for reoccurring activity costs, such as: rental assistance payments; short-term rent, mortgage and utility payments; supportive services; facility operations, repair, and leasing costs; and technical assistance and resource identification activities.

AUDIT REQUIREMENTS

Project sponsors who receive more than \$300,000 annually in total federal awards are required to submit an annual independent audit to DHCD in accordance with OMB Circular A-133. Project sponsors, or subcontractors of HOPWA funds through a Lead Agency, should submit a copy of their audited financial statements, if available.

CONSUMER GRIEVANCE POLICY- PROCESS FOR TERMINATING ASSISTANCE

Each project sponsor must have a formal process for terminating assistance to an individual or family. At a minimum, there must be an appeals procedure with one level of administrative review for consumers who have HOPWA services terminated or are ineligible for HOPWA services for any reason. Consumers must be informed in writing of the appeals procedure at intake. It is the responsibility of any organization receiving HOPWA funds to inform prospective HOPWA consumers of the policy and maintain documentation that this policy has been shared during the intake process.

Please refer to the *Code of Federal Regulations 24 Part 574* (contained in the appendix of this manual) for minimum requirements. Those applicants with small programs and limited staff may have the Executive Director hear all appeals. At a minimum, someone other than the person who made the initial termination of services must hear any appeal. For those applicants with larger programs, a procedure allowing for two or more levels of appeal is appropriate and expected. The Virginia Department of Housing and Community Development is not an appropriate level of appeal.

Prior to execution of an agreement for HOPWA funds, each prospective project sponsor, including subrecipients, will be required to submit a copy of their Consumer Grievance Policy so that it may be placed on file at DHCD. Any consumer complaints received by DHCD with regard to termination or ineligibility for HOPWA services will be referred back to the organization in question for resolution through their Consumer Grievance Policy. Resolution of grievances will be reviewed during audits of program funds.

The formal process for terminating assistance is required through the Housing and Community Development Act of 1992. Failure to enforce this federal requirement will result in the deobligation of funds.

FAIR HOUSING REQUIREMENTS

All HOPWA project sponsors must perform some action in the area of enforcement and/or promotion to affirmatively further fair housing. During the operating year, project sponsors must carry out a minimum of one activity to further fair housing. The activity may be chosen from the following list or may be one that has been specifically approved by DHCD. Attending a Fair Housing workshop or seminar may not be used in successive years.

1. Adopt a resolution endorsing the concept of fair housing and advertising the resolution through the local media.
2. Enact a local fair housing ordinance substantially equivalent to federal or State law.
3. Attend a fair housing workshop offered or approved by DHCD. A member of the Board or governing body, or the chief administrative official and another appropriate representative (local realtor, banker, etc.) must attend a fair housing workshop.
4. Provide all project beneficiaries with a copy of a Fair Housing brochure.
5. Enlist the participation of local realtors, lenders, and home-builders in an agreement and promotion of affirmative marketing, open housing, and review of underwriting, credit criteria, etc.. The agreement must be published through the local media.
6. Conduct a public educational program for local housing consumers and providers and/or financial institutions regarding fair housing issues.
7. Develop a public information network using local newspapers, radio stations, bulletin boards, churches, utility bill mailing, etc. to ensure all segments of the community are aware of fair housing requirements, especially realtors, landlords, financial institutions, and minority households.

8. Develop a fair housing assistance program to make housing opportunities known to minorities, to monitor compliance, and to refer discrimination complaints to the proper authorities.
9. Assess the special housing problems of women and minorities through surveys, etc. and determine any effects of discrimination. Develop a plan to assist in overcoming these effects.
10. Develop or fund a community-based fair housing organization.

AFFIRMATIVE OUTREACH

All HOPWA project sponsors must adopt procedures to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA program. Evidence of outreach efforts is required despite the presence of a waiting list for HOPWA services, to ensure that access to services is not exclusionary. This federal requirement may be found at 24 CFR Part 574.603 “Nondiscrimination and equal opportunity.” All printed marketing and outreach materials must identify assistance and program activities as being made possible through the U.S. Department of Housing and Urban Development - Housing Opportunities for Persons With AIDS (HOPWA) Program.

CONTINUUM OF CARE PLANNING

A Continuum of Care Plan for Homeless People is a community or regionally-based plan which coordinates a flexible delivery system of housing and services designed to meet the specific needs of homeless people as they move from a homeless living situation to permanent housing. A Gaps Analysis, identifying the existing housing and supportive services resources available to the homeless, including the HIV/AIDS subpopulation, are an integral part of the planning process. All HOPWA project sponsors are required to participate in this planning process for localities in their service area. Should you need assistance identifying the appropriate Continuum of Care contact person in your area, please refer to the list located in the appendix of this manual.

HOPWA Application For Funding

2001 & 2002

APPLICATION ✓ CHECKLIST

ALL APPLICANTS REQUESTING HOPWA FUNDS MUST COMPLETE THE
FOLLOWING INFORMATION (UNLESS SHADED):

ITEM	NEW APPLICANTS		CURRENT PROJECT SPONSORS	
	2001	2002	2001	2002
PROJECT SPONSOR APPLICATION COVER SHEET				
<i>EXHIBIT I</i> PROGRAM ABSTRACT				
<i>EXHIBIT II</i> ADMINISTRATIVE CAPACITY				
<i>EXHIBIT III</i> PROGRAM PLAN				
<i>EXHIBIT IV</i> PROGRAM BUDGET & SERVICE TARGETS				
<i>EXHIBIT V</i> PROGRAM SUMMARY BUDGET				
<i>EXHIBIT VI</i> Program Budget Narrative				
Current Financial Management Information				
HOPWA Certifications and Assurances				
Resolution: Board of Directors or Local Governing Body				
State Corporation Commission Certificate & 501(c)3 designation from IRS (if applicable)				
Nonprofit Mission Statement & By-laws (if applicable)				
Job Descriptions for Staff Positions to be Paid With HOPWA Funds				
Current List of Board Members				
Indirect Cost Plan (if applicable)				

HOPWA Application For Funding

2001 2002

(Circle one)

PROJECT SPONSOR APPLICATION COVER SHEET

This application cover sheet must be completed for each organization wishing to receive HOPWA funds directly from the Virginia Department of Housing and Community Development or indirectly as a subcontractor of a HOPWA Lead Agency.

1. Applicant Organization: _____

2. Address: _____

Telephone# (____) _____

3. Contact Person and Title: _____

Telephone # (if different from above): (____) _____

E-Mail Address (if available): _____

4. Geographic Area(s) to be Served by the Project:

5. Total Funds Requested: \$ _____ .00

6. Check Appropriate type of applicant:

☐ Nonprofit Organization

☐ Government Housing Agency

☐ Other: _____

7. If applicable, how long has your agency or organization been providing services to persons with AIDS or HIV?

8. If your organization received Ryan White funding, please list the name, address and telephone number of your Ryan White Consortium contact:

Name: _____

Address: _____

Telephone #: (_____) _____

9. Has your organization participated in the development of your community's Continuum of Care Plan that assesses community resources available to the homeless and its subpopulations, including persons infected with HIV/AIDS? Participation on Continuum of Care planning teams/committees and documentation of this participation will be required of all HOPWA project sponsors.

☐ YES

☐ NO

If Yes, please list the community (locality): _____

10. Please describe a Fair Housing activity/activities which will be carried out during the funding period (See page 12):

I certify that I have read and understood the Federal Fiscal Year 2001-2002 Housing Opportunities for Persons With Aids Application Manual and Housing Opportunities for Persons With AIDS Federal Regulations and have answered the questions in this Application for HOPWA funds to the best of my ability:

Name of Authorized Representative: _____
(PRINT)

Title: _____

Signature: _____

Date: _____

HOPWA Application For Funding

2001 & 2002

EXHIBIT I - PROGRAM ABSTRACT (1 page)

Provide a summary of the main features of your project or program, including the types of housing and supportive services to be provided.

EXHIBIT II – ADMINISTRATIVE CAPACITY (1 page)

Describe your agency's experience administering local, state or federal grants. You may include your agency's history, most recent audit, fiscal accountability, board involvement and general grantsmanship experience. Describe the qualifications of essential organizational staff who will handle administration of program funds.

In addition, **new applicants** must provide the following:

1. A description of the organization's programs/initiatives, including funding history and source(s), revealing the provision of housing assistance, homeless prevention services and/or supportive services to special needs populations.
2. If available, an Annual Report and organizational pamphlets or brochures describing services made available to the public.

EXHIBIT III PROGRAM PLAN – (No page limit)

Respond to the following questions. Where applicable, include at least one activity/outcome measure to be adopted to address each *HOPWA Performance Goal*. An applicant may select an activity/outcome measure listed – inserting numbers where applicable to make the measure quantifiable, or develop one's own outcome measures.

Current recipients of HOPWA funding should state progress related to outcome measures selected in the Federal Fiscal Year 2000 HOPWA Application.



JURISDICTIONS TO BE SERVED

Describe the geographical location (city/county) of the proposed HOPWA activities.



NEED

Describe the critical housing and supportive service needs of eligible persons not currently being addressed by available public and private resources and how the proposed activities to be carried out with HOPWA assistance will address these needs. If you are applying for funding for the entire region, you **must** describe the unmet needs of the entire region.

PERFORMANCE GOAL:

Enable persons living with HIV/AIDS to achieve housing stability.

ACTIVITIES OUTCOME MEASURE(S):

1. Initiate or participate in activities that will increase project sponsor skills/knowledge of affordable housing and/or its impact on the HIV/AIDS community.
2. Initiate or expand a housing program to respond to at least two identified unmet housing needs.
3. Explore funding opportunities for the expansion of emergency shelter beds, transitional housing units and/or affordable permanent housing units dedicated to low-income persons living with HIV/AIDS.

PERFORMANCE GOAL:

Enable persons living with HIV/AIDS to access health-care and supportive services.

ACTIVITIES OUTCOME MEASURE(S):

1. Provide documented case management services, directly or via referral, to _____% of households receiving HOPWA assistance.
2. Provide X number of documented referrals to supportive services, provided in-house or through referral, to households receiving HOPWA assistance.

(EXHIBIT III PROGRAM PLAN con't)



SERVICE DELIVERY & IMPLEMENTATION OF A HOPWA RENTAL ASSISTANCE PROGRAM

1. Identify the timeframes and responsible internal staff or external agencies who will play a role in the delivery of the following components of your HOPWA program:
 - Referral
 - Screening & Intake
 - Verification of HIV/AIDS infection
 - Verification of income
 - HOPWA payments to landlords and/or vendors
 - Supportive services, including case management and permanent housing placement
2. Provide a plan of how HOPWA funds are to be expended on behalf of eligible clients according to the type of HOPWA assistance- emergency rent, mortgage, and utility assistance and tenant-based rental assistance. This plan should include:
 - A description of the priority by which clients will be given assistance, for example: “first-come, first-serve” basis; severity of crisis; or other criteria. Describe any additional limits, or caps, on HOPWA financial assistance per client or household to be imposed by the applicant. Give an estimate of the length of time required from eligibility determination to approval and payment of emergency financial requests. Describe any additional prerequisites, requirements, or expectations of clients prior or upon receiving HOPWA assistance.
 - A description of the process used to determine which clients will be provided financial assistance, for example committees, meeting between case managers or a waiting list. Applicants must describe internal procedures, including responsible staff, for determining approval or denial of financial requests.

If tenant-based rental assistance is proposed,

- A description of the process and timeframe to be used for calculating the tenant and applicant’s share of the monthly rent.
- A plan for the inspection of housing units in accordance with U.S. Department of Housing and Urban Development Housing Quality Standards (HQS).



CONFIDENTIALITY

Describe your organization’s procedures for ensuring that confidentiality of all persons assisted by the HOPWA program is maintained. This plan should include how HOPWA financial assistance will be delivered in a manner which does not compromise client confidentiality.

(EXHIBIT III PROGRAM PLAN *con't*)



OUTREACH

If you are applying for funding for an entire region, your outreach plan **must** demonstrate how you will ensure region-wide coverage and participation.

1. Describe the method for informing eligible persons regardless of their race, color, religion, sex, age, national origin, familial status, or handicap of the housing assistance and services available through HOPWA (e.g. outreach efforts and referral systems). This section must include a plan for disseminating program information to the following locally-based partners:
 - Ryan White Consortia members
 - Community services boards
 - Health departments
 - Homeless service providers
 - Correctional facilities
 - Minority organizations
 - Non-profit housing organizations
 - Public housing authorities
2. If you are proposing to serve a large geographic area, describe how your organization will facilitate access to HOPWA services throughout the service area. The description should include any satellite office locations, office hours, staff travel, and /or referral systems in place or planned to achieve service targets.

PERFORMANCE GOAL:

Increase housing assistance, information and referral to low-income persons living with HIV/AIDS and their families in the service area.

ACTIVITIES/OUTCOMES MEASURES(S):

1. Increase the number of households assisted with emergency rent, mortgage and utility payments.
2. Increase the number of households enrolled in tenant-based rental assistance.
3. Increase the number of publicity and outreach mechanisms utilized in administering HOPWA funds to the HIV/AIDS community.

(EXHIBIT III PROGRAM PLAN con't)



COLLABORATION ACTIVITIES

1. Describe the procedures that have been, or will be, taken to ensure coordination of HOPWA assistance with other state and local government agencies responsible for providing services to persons with AIDS or related diseases and their families, particularly coordination with agencies administering assistance provided under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990. Cite the results or your region's most recent Ryan White Coordinated Statement of Need as it pertains to housing needs.
2. Describe how consumers and community partners impacting the care of persons living with HIV or AIDS will be consulted and involved in the implementation of your HOPWA program. Unless one already exists, each successful applicant will be required to establish a local coordinating committee made up of representatives from area AIDS service organizations, consumers, housing organizations, local departments of health and social services, and Ryan White Consortia.

PERFORMANCE GOAL:

Encourage collaborative relationships in the administration of the HOPWA program.

ACTIVITIES/OUTCOMES MEASURES(S):

1. Number of contacts/partnerships with local non-profit housing organizations and public housing authorities.
2. Number of contacts/partnerships with homeless service providers, including involvement in the Continuum of Care process.



REAL PROPERTY ACTIVITIES (if applicable)

If HOPWA funds are being requested for leasing, acquisition, rehabilitation, and/or new construction of a housing facility, submit the following information:

1. Address of the Site, if known, evidence of site control if applicable, and a photograph.
2. Submission of a completed *Threshold Review For Property Proposed For Use in HOPWA Program* form. You must request this form from your Grants Administrator.
3. For acquisitions, the purchase price and an estimate of closing costs.

(EXHIBIT III PROGRAM PLAN con't)

4. For rehabilitation projects, whether the property is owned by the project sponsor or under long-term lease. If the property is being leased, submit a copy of the lease to your Grants Administrator.
5. For rehabilitation or new construction projects, a description of the nature and scope of the project and a detailed cost estimate of planned work completed by a contractor.
6. A description of the total amount of cash needed to carry out the project including reasonable costs for operations and supportive services and a list of resources either already committed to the project or to be pursued. This information will be used in determining the reasonableness and feasibility of the proposed project.

**EXHIBIT IV - HOPWA PROGRAM BUDGET &
SERVICE TARGETS**

Complete the attached table by allocating the total request for funds into the appropriate categories and line items. Describe any public and/or private resources that are expected to be made available in connection with the proposed HOPWA-supported activities. Please include in the "Other Funds" column all other federal, state, or local resources such as Ryan White, Section 811, Community Development Block Grant (CDBG), foundations or other monies that will also directly support the eligible activities listed.

In addition, provide service targets, or estimates, of the number of households and HIV/AIDS infected individuals to be served by the HOPWA funding category only.

If more than one organization is participating in this proposal, a separate *Exhibit IV- HOPWA Program Budget & Service Targets* must be included for each organization.

EXHIBIT V: PROGRAM SUMMARY BUDGET

Complete for each applicant agency, including any subcontractors.

Name of Organization: _____

Term: ____/____/____ to ____/____/____

PROGRAM ACTIVITY	HOPWA FUNDS for activity	Ryan White Funds for activity	Number of Households by activity	Number of Persons w/HIV/Aids by activity	Other Funds for activity
NEW CONSTRUCTION	\$	\$			\$
ACQUISITION	\$	\$			\$
REHABILITATION	\$	\$			\$
LEASING	\$	\$			\$
OPERATING COSTS					
Maintenance	\$	\$			\$
Security	\$	\$			\$
Utilities	\$	\$			\$
Furnishings	\$	\$			\$
Insurance	\$	\$			\$
Supplies	\$	\$			\$
Other: (List)	\$	\$			\$
	\$	\$			\$
Subtotal	\$	\$			\$
HOUSING ASSISTANCE					
Short-term Rent, Mortgage & Utility Payments	\$	\$			\$
Tenant-Based Rental Assistance	\$	\$			\$
Subtotal	\$	\$			\$

PROGRAM ACTIVITY	HOPWA FUNDS for activity	Ryan White Funds for activity	Number of Households by activity	Number of Persons w/HIV/Aids by activity	Other Funds for activity
SUPPORTIVE SERVICES					
Case Management	\$	\$			\$
Adult Day Care	\$	\$			\$
Child Care	\$	\$			\$
Nutritional Svs/ Supplements	\$	\$			\$
Permanent Housing Placement	\$	\$			\$
Transportation	\$	\$			\$
Food / Food Bank	\$	\$			\$
Substance Abuse Treatment/ Counseling	\$	\$			\$
Other: (List)	\$	\$			\$
	\$	\$			\$
<i>Subtotal</i>	\$	\$			\$
HOUSING INFORMATION SERVICES					
Housing Counseling	\$	\$			\$
(List)	\$	\$			\$
RESOURCE IDENTIFICATION					
(List)	\$	\$			\$
(List)	\$	\$			\$
TECHNICAL ASSISTANCE For Community Residences Only					
(List)	\$	\$			\$
ADMINISTRATION Limited to 7% of Award	\$	\$			\$
TOTAL GRANT REQUEST	\$	\$			\$

EXHIBIT VI - PROGRAM BUDGET NARRATIVE

Provide a narrative description of all eligible activities to be provided with HOPWA funds including: leasing, operations, tenant-based rental assistance, emergency rent payments, emergency mortgage payments, emergency utility payments, supportive services, housing information, resource identification, technical assistance (for community residences only), and real property activities.

If Exhibit IV- Program Summary Budget reports the use of “Other Funds” for eligible activities, please describe the source of these funds.

CURRENT FINANCIAL MANAGEMENT SYSTEM INFORMATION

Applicants who do not currently receive HOPWA funds from the Virginia Department of Housing and Community Development must answer the following questions.

1. Does your organization do its own financial accounting? ☐ Yes ☐ No
If no, who does your organization's financial accounting? _____.
2. In your financial accounting system, are the following books of account used?
 - A. General Ledger ☐ Yes ☐ No
 - B. Cash Disbursements (Check Register) ☐ Yes ☐ No
 - C. Cash Receipts (Deposits Received) ☐ Yes ☐ No
 - D. Fixed Asset ☐ Yes ☐ No
3. List the title of the staff person responsible for the following tasks:
 - A. Opens mail _____
 - B. Deposits checks/funds _____
 - C. Reconciles checkbook with bank statement _____
 - D. Posts cash receipts _____
4. Do checks require two signatures? ☐ Yes ☐ No
Whose signatures are required? (Titles) _____

5. Are individuals who handle the organization's funds bonded? ☐ Yes ☐ No
6. How many years are records retained?
7. Does your organization have an annual audit completed by an independent accountant?
☐ Yes ☐ No
If no, how often is an audit completed or what other methods are used to ensure fiscal accountability?
8. If applicable, attach a copy of your most recent audit and the most recent year's operating budget.

Housing Opportunities for Persons With AIDS (HOPWA) Program

Certifications and Assurances

I, _____, authorized representative of _____ on behalf of the organization do hereby certify that the organization will conform to all Housing Opportunities for Persons With AIDS (HOPWA) Program regulations, guidelines, and requirements set forth in the Housing Opportunities for Persons With AIDS (HOPWA) FY 1999 Application Manual while conducting grant activities. To this end, I certify/assure the following:

1. Buildings/structures assisted with Housing Opportunities for Persons With AIDS (HOPWA) funds will be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases for a period of not less than 10 years, in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure, or for a period not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure;
2. All services/programs supported by Housing Opportunities for Persons With AIDS (HOPWA) Program funds will be delivered on a nondiscriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
3. The organization agrees that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under the Housing Opportunities for Persons With AIDS (HOPWA) Program;
4. No person who is an employee, agent, consultant, officer, or elected or appointed official of the organization and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter;
5. The organization shall establish and/or operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of Housing Opportunities for Persons With AIDS (HOPWA) funds;
6. The organization will ensure the confidentiality of the name of any individual assisted with Housing Opportunities for Persons With AIDS (HOPWA) funds and any other information regarding individuals receiving assistance;
7. The organization (unless the organization is a unit of local government) was incorporated under Virginia law on _____; and
8. The organization (unless the organization is a unit of local government) has received Federal tax exempt status under Section 501 (c) of the U. S. Internal Revenue Service Code.

Signature of Authorized Representative

Date

Title of Authorized Representative

GOVERNING BODY RESOLUTION FOR LOCAL GOVERNMENT APPLICANTS

- I. **WHEREAS**, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the Housing Opportunities for Persons With AIDS Program.
- II. **WHEREAS**, assistance is needed to effectively and adequately address the housing and supportive services needs of individuals infected with HIV/AIDS in _____
(enter name of locality).
- III. **WHEREAS**, a Housing Opportunities for Persons With AIDS Application for a grant under this Program has been prepared.
- IV. **WHEREAS**, _____ (enter name and title) can act on behalf of _____
(enter name of locality) and will sign all necessary documents required to complete the grant transaction.
- V. NOW, THEREFORE, BE IT RESOLVED THAT THE Board of Supervisors, City Council, or other authorizing governmental body, of _____ (enter name of locality) hereby authorizes _____
(enter Local Government Office and Title of Official) to apply for and accept the grant and enter into a Grant Agreement with the Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature

Date

Type or Print Name and Title of Authorized Local Government Official

BOARD RESOLUTION FOR NONPROFIT APPLICANTS

- I. **WHEREAS**, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the federal Housing Opportunities for Persons With AIDS formula program.
- II. **WHEREAS**, assistance is needed to effectively and adequately address the housing needs of persons infected with HIV/AIDS to be served by _____
(enter name of organization) in our service area(s) of _____

(list all service areas).
- III. **WHEREAS**, a Housing Opportunities for Person With AIDS Application for a grant under this program has been prepared.
- IV. **WHEREAS**, _____ (enter name of organization) agrees to provide services in conformance with the regulations and guidelines of the Housing Opportunities for Persons With AIDS Program.
- V. **WHEREAS**, _____ (enter name and title) can act on behalf of _____ (enter name of organization) and will sign all necessary documents required to complete the grant transaction.
- VI. **NOW, THEREFORE, BE IT RESOLVED THAT** the Board of Directors of _____ (enter name of organization) hereby authorizes _____ (enter name) to apply for and accept the Housing Opportunities for Persons With AIDS Program and enter into a Grant Agreement with the Virginia Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature

Date

Type or Print Name and Title of Authorized Board Member

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM

CERTIFICATION OF LOCAL APPROVAL

I, _____

(enter name and title) duly authorized to act on behalf of

_____ (enter name of jurisdiction) hereby

approve the following project(s) proposed by

(enter name of nonprofit organization(s) which is (are) located in

_____ (enter name of all applicable jurisdictions).

Signature

Date

Type or Print Name and Title of Authorized Local Government Official